

CITY OF WICHITA FALLS
Traffic Engineering Division
2100 Seymour Highway, Wichita Falls, Texas 76301 (940) 761-7640 Fax: (940) 761-7949

APPLICATION FOR TEMPORARY STREET CLOSURE

This is an application for the temporary closing of a street by a private citizen, group, or organization.

TERMS AND CONDITIONS

Arrangement for traffic control devices including signs, barricades, or cones, and the transportation trailer is the responsibility of the applicant.

Traffic control devices must be easily moved in case of an emergency.

Applicant shall abide by all applicable City Ordinances and this permit, and accepts full responsibility for the safe and prudent installation of traffic control devices herein permitted and the use of any traffic control devices, or transportation trailer for said devices. Applicant shall pay for any damages resulting from the installation and maintenance of such permitted closure, or use or misuse of the traffic control devices, or transportation trailer for said devices. Applicant further indemnifies the City of Wichita Falls from any claims against it that may result from the use of this permit including the use or misuse of traffic control devices, or transportation trailer for said devices.

Applicant acknowledges that the closure of streets or use of traffic control devices involves certain risks and that injuries, death, property damage or other harm could occur to me or others. Applicant accepts and voluntarily incurs all risks of any injuries, damages, or harm which arise during or result from such use, regardless of whether or not caused in whole or in part by the negligence or other fault of the City of Wichita Falls and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers.

Applicant agrees to hold harmless the City, its elected or appointed officials, officers, agents, representatives, employees, and volunteers, from any and all liability, claims, actions, suits, judgment, damages, and costs arising out of or attributed to the closing of any street, or the use of traffic control devices in the activity described herein, including any injury or death and damage to or loss of property resulting there from. This release shall bind executors, my administrators, heirs, next of kin, successors, assigns, and me.

Applicant agrees that any damage to any traffic control devices or transportation trailer for said devices is the responsibility of the applicant. Applicant agrees that should the City determine damage was done to any traffic control devices, or transportation trailer for said devices the refundable deposit will be forfeited to cover the cost of damages.

Applicant certifies that they have read this release, understand that they have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release and waiver of all liability to the greatest extent allowed by law.

1. Organization or individual making application:

Name: _____ Day Phone: _____

Address: _____

City, State, Zip: _____

2. Individual responsible for coordination and maintenance of closure (if different from above.)

Name: _____ Site Phone: _____
(Cell Phone if possible)

3. Event: _____

Location of closure (Street name): _____ from: _____ to: _____

Date(s) of closure: _____

Times: From: _____ a.m. p.m. To: _____ a.m. p.m.

Traffic control devices may be available upon request. A non-refundable permit fee and a refundable deposit will apply to any use of Traffic control devices or trailer for said devices. City use of said devices shall take precedents over permit holder. Applicant must make their own arrangements for pickup and return of any traffic control devices or trailer. Applicant understands the cost of any damaged or missing traffic control devices and/or trailer is the full responsibility of the applicant.

Barricades/trailer MUST be picked up before 10:00 a.m. on the business day prior to the event or barricades/trailer WILL NOT BE ISSUED.
Barricades/trailer must be returned before 10:00 a.m. on the following business day of the event.

Traffic Control employee must sign out/sign in all traffic control devices/trailer. Failure to do so will result in extra charges and future denial of permit.

Before a street closure permit can be issued, the permit fee and deposit must be received at 2100 Seymour Hwy.

Permit Fee: \$50.00 (non-refundable) 2 weeks prior to the event
\$75.00 (non-refundable) less than 2 weeks' notice

Refundable Deposit Amount \$250.00 for barricades and cones
\$1000.00 for trailer and devices (additional \$75.00 per day if not returned will accrue if not returned by 10:00 a.m. of the business day following the event)

If available, will you need barricades or cones? Yes No
If yes, how many? _____

Applicant represents and warrants to the City that I have the full right, power, and authority to execute this agreement.

Date Signature of Applicant/Agent

EMAIL ADDRESS: _____